

## VOLUNTEERS- QUESTIONS AND ANSWERS

1. QUESTION: Are there a certain number of in-services for volunteers required each year?

ANSWER: It depends on your agency policy. There are no regulatory requirements.

2. QUESTION: Are we required to have monthly meetings for volunteers?

ANSWER: There is nothing in regulation that requires monthly meetings. However, your agency policy probably should dictate the frequency of volunteer meetings.

3. QUESTION: Do the regulations require a specific amount of training? Can trainings be customized?

ANSWER: The regulations do not specify amount of “hours of training” but the training must include ALL content areas required by regulation. Orientation may be customized as long as the mandatory content elements, as named in regulation, are included.

4. QUESTION: Does a volunteer require a medical physical, or can a medical questionnaire completed by the volunteer suffice?

ANSWER: There is nothing in regulations that requires a volunteer to have a medical physical, unless your agency policy requires such.

5. QUESTION: Does a volunteer have to have CPR training?

ANSWER: It depends on whether your agency policy requires volunteers to have this kind of training. Regulations do not specify that this is required.

6. QUESTION: What are the regulations concerning the development of a program that would allow a group to come in and do home repairs for hospice patients?

ANSWER: If this group consists of volunteers that have completed the volunteer training then the time could be considered direct patient care hours since the services were provided at the patient’s residence.

7. QUESTION: Can activities and time spent by **official** hospice volunteers making lap robes, fixing seasonal baskets, etc. be counted toward volunteer hours if we deliver the items to the patients? Could we consider the time spent making them as administrative hours and the time

spent taking them to the patient as direct patient care hours? (These activities are not being used for fund raising.)

ANSWER: NO. The response from CMS (Centers for Medicare and Medicaid) is as follows:

“We had a question a few months ago that was similar and it involved a hospice wanting to use hours that a volunteer had used to make quilts. CMS did not view “quilting” as a legitimate administrative or direct patient care activity and such volunteer hours should not be used to compile volunteer hours or in computing the cost savings...making lap robes and fixing seasonal baskets falls into the same category as quilting. It is not appropriate for administrative consideration.”

8. QUESTION: Can volunteers making phone calls to patient’s families for support be counted as direct patient care hours?

ANSWER: No. Direct patient care activities means **time spent with the patient**. Phone calls, letter writing, etc. would be considered administrative support.

9. QUESTION: Regarding bereavement support: Can calls, visits, etc. be counted as direct patient care hours even if they are not working with a patient but with family members?

ANSWER: Visits to family members would count as direct patient care activity. However, phone calls would not (could count administrative hours). Letter writing would be counted **if** the volunteer **visited** family to help write a letter to someone. Writing a letter on behalf of the hospice would be counted as administrative activity.

10. QUESTION: One agency writes: “I have volunteers on-call on the weekends. Since they are giving of their time to be on call for a specific 8 hour period of time, can’t they get all 8 hours (counted as volunteer hours), regardless of them going out or not? I do not double up on time if they do make a visit. Our agency approved it because they compensate the on-call nurses regardless if they visited or not”.

ANSWER: The guidance in the preamble to the final hospice regulations says the cost savings achieved through the use of hospice volunteers is computed from the time the hospice volunteers spend in administrative support or direct patient care activities. **Administrative support refers** to support of the patient care activities of the hospice (e.g., clerical duties in the offices of the hospice) and not more general support activities (e.g., participation in hospice fund raising activities). Therefore, the time volunteers spend at home while they are “on call” would not be included in computing hours for cost savings unless this was saving the hospice

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money (e.g., the volunteer was a licensed nurse, who had completed all hospice nursing orientation and background checks, who volunteered to cover the nursing on-call service).

**11. QUESTION:** Can you count hours volunteers spend helping with health fairs?

**ANSWER:** NO. Only direct patient care or administrative tasks (time spent with patient/family or tasks done in the hospice office) can be counted.

**12. QUESTION:** Is it a requirement to hold a memorial service?

**ANSWER:** There is no regulatory requirement that hospices have memorial services. Agencies can choose to offer memorial services.

**13. QUESTION:** Can volunteer hours spent traveling to the patient's home be counted?

**ANSWER:** In the 2009 comments by CMS (Centers for Medicare and Medicaid) in their preamble to the section of the hospice Condition of Participation (COP) on Volunteers, 418.78, they said: "We understand that traveling, providing care or services, documenting information, and calling patients all consume volunteer time, and we agree that the time may be used in calculating the level of volunteer activity in a hospice. If a hospice chooses to include any of these areas that are directly related to providing direct patient care or administrative services in its percentage calculation of volunteer hours, it must ensure that the time spent by its paid employees and contractors for the same activity is also included in the calculation. That is, if a hospice chooses to count the hours spent by volunteers traveling to and from patient homes in its calculation of the numerator, it must count the hours spent by its paid employees and contractors in traveling to and from patient homes in its calculation of the denominator. In this way, hospices will be able to accurately assess the proportion of volunteer hours to paid staff and contractor hours." CMS also said "If a hospice does pay an employee for time spent traveling for direct patient care and administrative purposes, and does not compensate a volunteer for the time, then it may include the volunteer's travel time, direct patient care and administrative services in its documentation of the cost savings it achieves."